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Oral Hygiene

JUNE 1958

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The Aloha tower will greet dentists entering Honolulu harbor for the 56th annual meeting of the Hawaii Territorial Dental Society to be held June 15 to 19 in Honolulu, Hawaii.

In this issue:

PRACTICE ADMINISTRATION THOUGHT-PROVOKERS

NOW—2-year results re-confirm effectiveness of CREST—the stannous fluoride dentifrice

HOW TO INCREASE HER BETWEEN-VISIT PROTECTION AGAINST DECAY



Today, when you instruct your patients in home tooth care routine, consider whether your recommendations take modern dental research into account.

Does the dentifrice you prescribe strengthen enamel against decay action? Is its effectiveness established by numerous studies reported in leading dental journals?

Study after study of Crest's effectiveness has been reported in leading dental journals. All studies showed that Crest reduced dental caries in both children and adults, by an average of approximately 40 per cent.

Now, still another report¹, published

in the August 1957 Journal of the American Dental Association, again confirms the pronounced effectiveness of the Crest stannous fluoride formula.

Adults who used only Crest Toothpaste for 2 full years had 34 per cent fewer new carious lesions than adult users of a control dentifrice.

Make sure that your patients get the between-visit protection from dental caries so clearly shown by Crest's unparalleled clinical record.

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PROCTER & GAMBLE
Office, Division of Dental Research
Cincinnati 1, Ohio

Muhler, J. C. and Radike, A. W.: Effect of a dentifrice containing stannous fluoride on dental caries in adults. II. Results at the end of two years of unsupervised use. J.A.D.A. 55:196 August 1957.



BETTER TOTAL EFFECT in the relief of DENTAL PAIN

Better than aspirin or buffered aspirin to induce comfortable relaxation in the patient



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Clinical evidence verifies that a necessary aspect of an analgesic is the better total effect on the patient suffering pain.1 Anacin provides fast and prolonged relief. In addition, Anacin gives a better total effect than plain aspirin or buffered aspirin-by inducing emotional relaxation and 'rest'-a desired state in which the reparative forces are nurtured. There is no gastric upset with Anacin-no deleterious side action. Preferred by more dentists than any other analgesic. Pre-operatively to relieve tension, post-operatively to relieve pain.

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WHITEHALL LABORATORIES, NEW YORK 16, N. Y.

Reference: 1. Hardy, James D.: The Nature of Pain. Journal of Chronic Diseases, Vol. 4, July 1956.



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• Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. FASTEETH, buffered to maintain a mild alkalinity in contact with the tissues, checks and soothes soreness and inflammation due to chafing and hyperacidity.

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The Publisher's CORNER

By Mass



No. 443

Let's Help Each Other

DOCTOR W. T. DISCH, secretary of Winneconne Lodge No. 186, F. & A. M., Winneconne, Wisconsin, wrote not long ago to say thanks for the CORNER, and to report another candidate for our list of men who have given distinguished service to the profession and to mankind. "I would add one name to your list," wrote Brother Disch.

DOCTOR A. A. JENNINGS was his candidate. Doctor Jennings was formerly instructor in prosthetics at Marquette University's Dental School. Said Doctor Disch, "I nominate him as the finest gentleman who ever taught any classes anywhere in America. His conduct was an inspiration and his ethics beyond criticism." Then, in a matter of days, Doctor Jennings passed away where he had been living at the Wisconsin Grand Lodge Masonic

June 1958. Monthly. Oral Hygiene, Inc., 1005 Liberty Ave., Pittsburgh, Pa. Subscription, \$5.00 a year in U.S., Canada and Latin America; \$5.75 elsewhere. Accepted as controlled circulation publication at Rutherford, N.J.

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* * *

LOUIS W. SOLDAN, D.M.D., was practicing in Boston when he was stricken with polio. Although he was confined to a wheel chair, he got busy and established the Professional Subscription Service which services all magazines for the dental office and the home. The doctor's enterprise is endorsed by the American Dental Association, the Massachusetts Dental Society, and the Northeastern Dental Society. Now his Professional Subscription Service provides: 1. New and renewal service on all domestic and professional periodicals. 2. A reminder service for renewals. 3. A gift service on all publications. 4. Service on all special rate offers. 5. A permanent office record of expiration dates.

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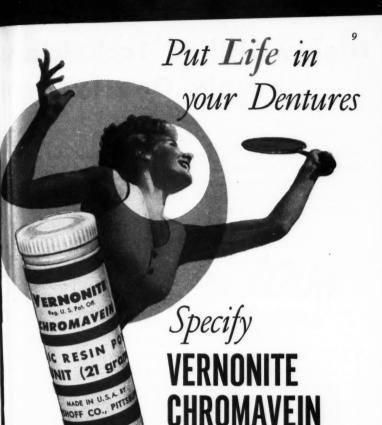
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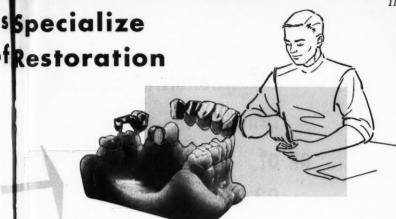
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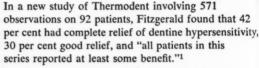
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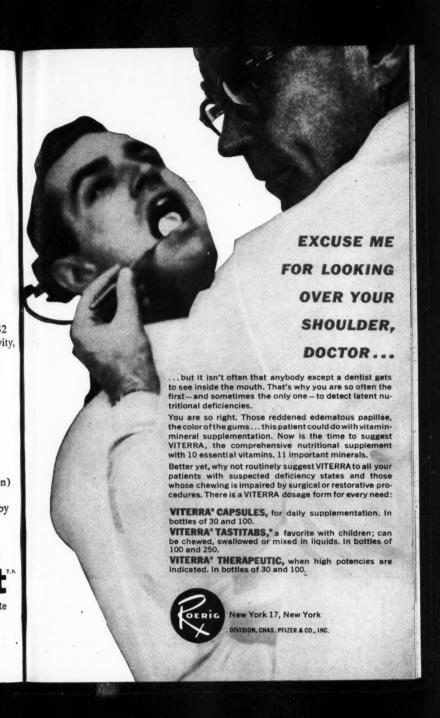
1. Fitzgerald, G.: Dental Digest, 62:494 (Nov.) 1956.

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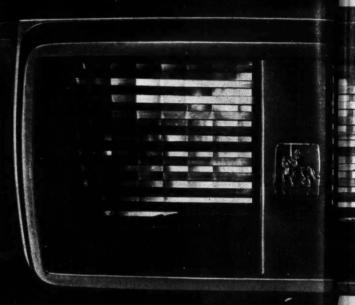
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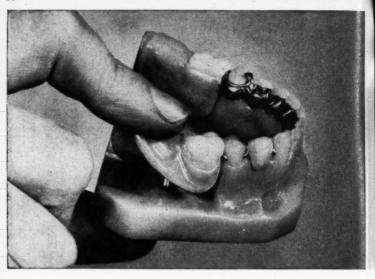
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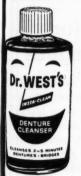
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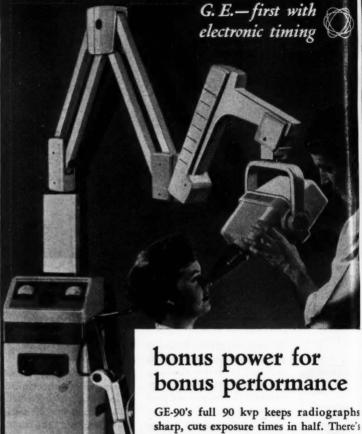
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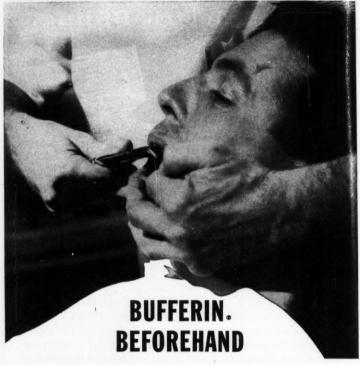
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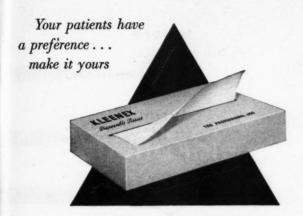


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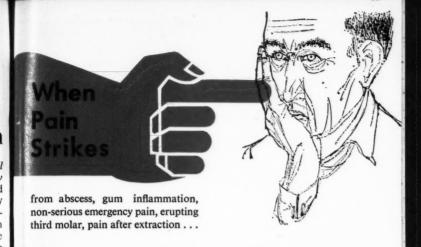
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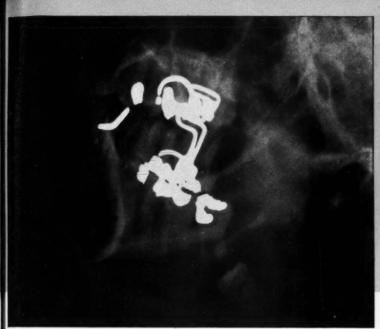
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Oral Hygiene

JUNE 1958



REGISTERED IN U.S. PATENT OFFICE

Total circulation more than 87,000 copies monthly.

Picture of the Month 31 Dental Distress Among Vacationists As told to M. A. Patrick by a resort-area dentist 33 Practice Administration Thought-Provokers If You Must Move-Check First-Part IICharles H. Waterbury 42 Do You Keep the Patient Waiting? Philip Parker, DDS 46 The Dentist's Investments in 1958 David L. Markstein 50 DEPARTMENTS The Publisher's Corner 4 So You Know Something Dentists in the News68 About Dentistry!49 Dear Oral Hygiene80 Technique of the Month53 ASSOCIATE EDITOR

EDITOR EDWARD J. RYAN

MARCELLA HURLEY BS, DDS RA

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Picture of the Month



DOCTOR Robert Korte of Metropolis, Illinois, and Miss Patricia Rhodes of Paducah, Kentucky, his dental assistant, were married by the Reverend James Lotz, pastor of Union Congregational-Presbyterian church. The wedding was solemnized in the reception room of the Korte Dental Building in Metropolis. Doctor Korte's secretaries, Miss Barbara Smith and Mrs. Marie Reineking, served as attendants.

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Dental Distress

Among Vacationists

As told to M. A. Patrick by a resort-area dentist

HAVE YOU ever imagined how you would react if some of your women patients came to your office in short shorts and revealing halters? Or how you might respond to a patient's request that you telephone his "regular" dentist to confirm your own diagnosis? And what you would say should a patient intimate you were charging him higher "summer" fees?

During a dozen years practicing in a coastal resort town, I have developed special techniques for handling these and other similar situations. Today I consider such incidents as normal, although I do brace myself with the coming of each vacation season because I have learned that a new crop of problem conditions is almost certain to present itself.

e

These experiences are not the result of my summertime patients being any different from those treated in dental offices in other parts of the country. That which distinguishes them is the fact that they are on vacation, and this for some reason develops within them a mental attitude unlike that at any other time of the year. For them vacation is a period of intoxication not necesarily requiring the usual stimulants, a time of exhilaration during which an unanticipated visit to a dental office is looked upon as a professional conspiracy. It is also the occasion when I am not at all surprised if a weekend muscle man hurries into my office, his lip bleeding, and one or more upper incisors uprooted or snapped off to half their original length. All because his face met an immovable object when his arms failed him while performing some upside-down calisthenics on the beach.

For eight months of every year there are within walking or easy driving distance of my office ap-

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proximately five thousand possible dental prospects. During the remaining four months this population figure zooms to a July and August peak of nearly two hundred thousand. This influx is essential in an economy such as ours, because the millions of dollars vacationists leave here help maintain the section politically, make available modern utilities, housing, retail stores, and also provide dollar-earning possibilities for the local people, or "natives" as we year-round citizens are called. Being normal human beings we permanent citizens are inclined to forget the advantages the outsiders make possible, and simply remember the problems they create during the summer months. This accounts for one local woman who rents apartments remarking, "My business would be much more desirable if the vacationists simply rented apartments, mailed their checks and then stayed home."

Typical Mistrust

You would better understand this unusual reaction if you were to listen in on some of my patients' comments. For instance, last July third a woman called for an appointment she insisted had to be that afternoon. You see, during the summer months every call from a stranger is an emergency because ony a "must" condition prompts the vacationist to telephone. When this patient arrived and seated herself in the

chair, one glance at the offending molar clearly indicated the need for immediate extraction. Her reaction to this news was quick and startling. "Why I'd be miserable for the next day or two, and I'm on vacation," she announced. "My regular dentist, Doctor B, would not think of inconveniencing me in such a way."

It required understanding and sympathetic reasoning to get her to agree that extraction was the lesser of two evils. When she returned in a few days for me to check on the healing she was smiling and said, "I had a wonderful Fourth. Went bathing, danced on the pier, and enjoyed a delicious dinner." I was pleased and a bit proud of my contribution. I should have been on guard because she then added. "I never thought I would find a dentist down here as capable as you." This is an opinion shared by many vacationists and I am puzzled by it. After all, the dental health of the year-round residents in this section, to which I and two other local dentists contribute, is in our view well above the national average. If I had not had such a crowded schedule that day I might have gone into the subject.

But of more immediate concern to the subject matter of this discussion is the limitation patients on vacation place on the extent of service they desire and the fees they consider as just. Almost without exception the man or woman 58

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"down for two weeks" who comes into my office with a dental problem asks for some stopgap measure. "I'll be back in the city in a few days," I'm told, "and then my regular dentist can take care of it." This is understandable, but not the reaction to the charge that must be made for the work involved. In many operations the steps involved in handling a temporary correction call for virtually as much time, effort, and material, as would be required if the work were completed immediately. The vacationist does not recognize this, but simply holds in his mind the fact that he will have to pay another visit to a dentist when he returns home. So, when he is presented with a bill he frequently makes this startled response, "But I only wanted some temporary work that would carry me for a few days. You must be charging me your summer rates." This, of course calls for an explanation of the dental operation, and the economy involved in a professional practice, with the feeling that the patient is remaining unconvinced. All this takes some extra time and effort, but I feel that my good will and that of the dental profession is at stake.

Cash-On-The-Line

Actually, I do have a "summer" and a "winter" fee plan, but this concerns collections and not the amount charged for like services. In dealing with the local people

I either collect following each appointment or bill within five days. according to my experience with patients and individual wishes regarding payment procedures. With the summer folks, except those who have homes here, I have a different system. Immediately following my examination I offer an estimate of the cost and when the service is completed I simply say, "That will be \$, please." This cash-on-the-line technique is necessary, because in many cases I am dealing with patients whose year-round homes are a hundred or more miles away. Also, the extent of services to most vacationists is not great, and as I learned early in my career, some are not averse to giving fictitious addresses.

Those women who come into my office wearing somewhat less than they do on the beach really puzzle me. They would not keep a dental appointment at home in such costumes, neither do they have any designs on the dentist when they select their apparel. When a patient arrives dressed this way it is my policy to completely ignore the fact. This is too dangerous a topic even if I were to voice an objection. However, I did have my wife make up a half-dozen special towels that instead of being bib size reach from the neck to the waist. These I use when an abbreviated costumed patient sits in my chair. I'm no prude, but I am careful. So far only one female patient has commented on the size of the towels I use and my acknowledgement of this was limited to a nod of my head. When the patient returned for a second appointment, however, she was wearing conventional street clothes, so perhaps I have hit on a practical solution to a tricky problem.

During the last dozen years my practice in this resort area has grown in about the same proportion as other dental office volume, not during the summer months. The increase has come about by the local people coming more often and in greater numbers. They, however, start calling for appointments in the fall, and many of them are so busy during the May to September period that they call only when an unexpected dental need arises. The exception is in the case of youngsters who crowd my schedule as soon as school vacation starts in early June. While I am currently seeing more vacationists than I did some years ago the increase is relatively slight. I attribute this to the more regular care these people are giving their dental needs during the winter months. Incidentally, the restorations of other dentists I have observed show a high degree of skill and professional know-how. This undoubtedly contributes to the loyalty I hear expressed almost daily during the summer months for "My dentist, Doctor B." These vacationists in many cases present me with some problems, but at the same time they give evidence that the confidence between doctor and patient in this field is stronger than in any other profession. And that's a proud feeling that helps smooth a few of the rough spots I meet in my unconventional practice.

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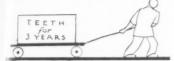
A TIP TO PROGRAM CHAIRMEN

I BELIEVE first of all it is up to the group involved in a convention to hire a veteran publicist and then—it becomes the publicist's responsibility to get out the news of the convention.

In covering a convention I try to give the local dailies different news breaks. A convention of any size should have five to six good stories.

The group holding the convention should hire a publicist two or three months in advance of the meeting.

The publicist then has time to study the field involved and come up with some angles which will appeal to business editors—feature writers—reporters. The publicist tips the business editor, and if he is interested and will come to the convention...splendid...but often—if he trusts the publicist—he'll say—"Write it and bring it in" because he's probably tied up on ten other things.—MACK McGINNIS, Editor & Publisher.



Practice

Administration





Thought-provokers'

BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, JR, DBA

BEFORE he invests his money, what questions should the dentist ask himself? Look for opportunities first in your own practice.

Key point for a dentist to consider when thinking of his financial program is: Should he invest in his own dental practice before looking for ventures external to it?

In most lines of effort, the su-

In this first of a series, two specialists in the field of business practice present ideas and suggestions in regard to your profession and investments.

perior investment is considered to be one in which a man works with his money. Examples such as the following indicate there are many opportunities in their own practices that dentists may pass up.

A dentist can contract with most dental supply houses to buy a supply of teeth on a discount of 30

^{*}Doctor Lapp is Professor of Sales and Management; and Doctor Bowyer is Assistant Dean, School of Business and Public Administration, Washington University, Saint Louis.

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per cent by spending \$1200 net in one year, thus getting for his \$1200 more than \$1700 worth of teeth.

Even if it takes him three years to use all the teeth, he still will make 10 per cent on his investment.

Where outside of his practice can a dentist find as safe an investment which will return annually on his money 10 per cent, 15 per cent or 30 per cent, depending upon the time required to use up a \$1700 supply of teeth (bought for \$1200)?

Bank Payment Plan

More and more dentists and dental societies are cooperating with banks to provide a payment plan for patients. If you are not cooperating, possibly you should reconsider. As the prices of almost everything continue to rise (including dental fees) such a plan becomes more and more important, if you are to get your fair share of the consumers' dollars and at the same time provide adequate dental care for your patients.

High Speed Dentistry Versus More Dentists

Doctor Joseph V. Kirby, a Clayton, Missouri, dentist recently told the Saint Louis Dental Society that the number of dentists is not keeping up with the number of people in this country. There is now one dentist for every 1886 persons in the United States. In 1958, how-

ever, our population will increase by 2,800,000, while the number of dentists who will go into practice will provide only a net gain of 1165-which will mean one new dentist for each 2400 persons added to the population. It is true that those added this year will not need dental care for three to six years. However, there is a counterbalancing factor. Each year's records show that people are living longer. As our life span becomes longer. greater dental care demands will need to be provided for. Possibly. the answer may come from more dentists using up-to-date, time-saving high-speed dental equipment. High-speed dentistry no doubt has been a factor in keeping dental fees down more than virtually anything else a patient must pay for out of his income.

Is There A Need For A Better Understanding Between Pediatricians And Pedodontists?

This incident was reported not long ago to the writers. A small 6-year-old child in a school dental health program was told to brush her teeth more often and more vigorously. This same 6-year-old when she went to her pediatrician was told, "You shouldn't brush your teeth so often or so vigorously. You are wearing the enamel off your teeth." The 6-year-old, as well as her parents, was left confused by these dichotomous points of view from two professional people. This incident could prob-

ably be duplicated again and again even in conflicting points of view between orthodontists and general practitioners.

The general practitioner sometimes tells parents, "Your child really doesn't need orthodontic service-vour child has proper occlusion and if you are not worried about appearance, then I wouldn't do anything about it." Then the child is taken to an orthodontist who says, "Your child's teeth have gone far too long, but maybe we can still do something if we get busy now." What does all this point up to from the patient's point of view? Simply that there is a real need for professional people to offer more nearly the same opinion in respect to a certain condition, or to offer no opinion at all other than to refer the patient to the proper specialist.

Can You Afford To Be Entirely Debt-Free?

Many of our students have a peasant-like attitude toward debt. It is evil. Somehow the suggestion that the carrying of debt might be profitable sounds almost immoral.

However, with today's progressive income tax, the payment of all debt is, in most cases, unwise. This is particularly true with debt carried so that funds may be invested.

For example, Doctor A is in the 38 per cent income tax bracket. He has purchased a home for \$25,000 and taken a 20-year 5½ per cent mortgage of \$20,550. He discovers

soon after buying the home that he has the funds to pay off the mortgage. The question is—should he pay it off?

Mortgage	\$20,550.00 5.5 per cent
Gross Interest	\$ 1,130.25
Tax Rate	38 per cent
Tax Deductible Interest	439.50
Actual Interest Paid	690.75

The actual interest cost of the mortgage is \$690.75. Although money cannot be borrowed directly for investment in tax exempt securities, it is possible to invest free funds in tax-exempt securities.¹

Consequently, if this \$20,550 was invested in high grade municipal bonds yielding 3.5 per cent, the dentist would receive \$719.25 in tax exempt income which would be \$29.25 profit. This amount of profit would be progressively higher for those in income tax brackets higher than 38 per cent.

Collections Will Be Tougher In The Months Ahead

For the next few months in many areas the unpaid accounts of many dentists will increase. In

^{&#}x27;In all matters relating to your income taxes, you should consult a qualified tax attorney.

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some industrial areas, there is as much as 11 per cent of the labor force unemployed or on less than full week. In virtually all areas, overtime pay has disappeared.

It may not be wise to recommend major service, which can be postponed, to hard-pressed patients. It may impose an unusual financial burden, or your bill may not be paid at all. Many people still regard dental bills as an item that does not have to be paid promptly.

If You Plan To Buy Or Build A Home—

This next summer you probably will see the lowest interest rates on mortgages that you will see for some time to come. When you borrow money for your home, shop for your mortgage the same way you would for clothing. Not all financial institutions, banks, insurance companies, and savings and loans are offering money at the same prices at any given time; therefore it pays to shop.

If Taxes Are Cut-

You should plan to take capital gains that you have postponed. The capital gains rate is not 25 per cent as is commonly thought, but is one half of the current income tax rate with a maximum of 25 per cent.

One thing is almost certain. If there is a cut in income tax rates, those rates will probably be the lowest you will experience for some years to come. The increasing demands on the Federal Government for more and better services can only cause an increased need for larger tax revenues, which will manifest itself in high income tax rates.

Timed Billing May Cause Prompt Payment

In recent years, a system of billing patients known as "cycle" billing has become quite popular. This is the system of billing a few patients each day and thus cutting down on the enormous clerical chore associated with once-amonth billing. The emphasis with this type of billing system is on reducing clerical costs and not prompt payment. In good times, dental bills are usually paid within 30 to 60 days, irrespective of when the bill is received. However, in many areas where there is widespread unemployment, a system of "timed" billing may be profitable in that it will result in more prompt payment of bills. The "timed" billing system is the method of sending bills to patients so that they will arrive at just about the time that the patient normally receives a pay check. It has been established that households set up some priority in paying debts. Those bills received around payday usually receive first consideration. Those received later are usually put off until the next pay check is received.

The problem is in finding out

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when the patient receives his pay check. One method is to find out where he works and ask the firm for their employee payment schedule. Of course, a simpler method is to ask the patient when he is paid, and explain you will bill around that date so that he can more conveniently pay.

Washington University Saint Louis, Missouri

DON'T FORGET THESE DON'TS

DON'T ASK patients how they feel or what their trouble is, in the reception room.

Don't fail to hand women patients a tissue to remove lipstick as soon as they are seated in the dental chair so they will be ready for the dentist.

Don't set dentures or removable bridges in the bracket in view of the patients, but leave them in a tissue.

Don't leave record charts where patients can see them.

Don't give number of cavities unless absolutely necessary. Say surfaces destroyed.

Don't criticize the other dentist's fee or services.

Don't let the patient see the appointment book, but have the appointment for next visit written down while the patient is still in the chair.

Don't disregard constructive criticism.

Don't let patients wander out of operating room looking for door out to reception room.

Don't tell dirty stories in your office.

Don't keep others waiting on the telephone when you place the call.

Don't interfere with your secretary's telephone conversation, for you never know what it is all about or who is on the other end of the line.

Don't fuss at employees in front of patients.

Don't interfere with your employees' home life.

Don't tell your women employees what style uniforms to wear, except long sleeves and they must wear clean white shoes with clean shoe-strings.

Don't bring your home troubles to the office.

Don't carry office troubles home.

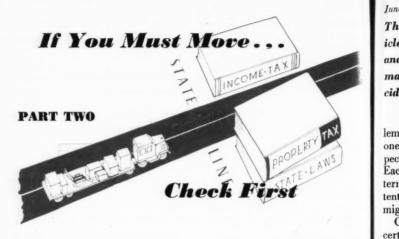
Don't mail a hot letter the day you write it.

Don't fail to have an understanding with patients before starting extensive treatments.

Don't call your assistant by her given name.

Don't discuss case history while a patient is in pain.

Don't fail to get written instructions from an orthodontist before extracting teeth.—Frank M. Mathews, DDS, The Dental Assistant, LaPorte, Indiana.



BY CHARLES H. WATERBURY

THE FIRST part of this article discussed some of the factors related to the career of the dentist who is about to move from one state to another.

Tied to a successful career are the effects of any change upon personal and family life. Unless the whole family interest is considered, it is possible that the change will prove an unfortunate one. It is not likely that an unhappy result for the wife and children will be conducive to progress in a professional career.

Many readjustments for both yourself and your family will be necessary when personal ties are cut off, and you find yourselves obliged to develop friendships among what must be strangers.

How well you may readjust is dependent upon past association. experience and behavior, which have contributed to the development of your personalities. There are no statistical data that will show what personal characteristics are likely to induce confidence and respect in human relations.

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Perhaps the best way to learn whether your personality is likely to fit in with the social, economic, and cultural customs of the new community is to make temporary visits to it. Personal inquiry about the community's history and the kinds of activities which seem to absorb most of the interest of those who live there, might help vou decide whether you will readily adjust to the life, or whether you would want no part of the place.

Aside from the personality prob-

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The second of this two-part article, concentrates on personal and family adjustments that may be involved when you decide to move.

lem, which is purely an individual one, there are numerous other aspects involved in a major change. Each should be reviewed to determine whether the choice made tentatively is as promising as it might have appeared at first.

Citizenship in any state imposes certain obligations. Among these is the privilege of supporting the government and governmental agencies at all levels by the payment of taxes. From these there is no escape if one is to live within the law in peace and safety. Each state has its own tax structure, and this merits a more than superficial investigation by anyone contemplating a permanent move from a state he knows to one in which he might like to live.

Take a good look at your present net income. Then take pencil and paper and apply the income tax rates and exemptions offered by the laws of the state you expect to move to. About thirty states and the District of Columbia levy taxes on income in one form or another. Rates, exemptions, and definitions of income vary widely.

If you have picked a state which places a high rate on interest and other investment income, placing

it in the same class as capital gains, both classes carrying rates higher than those imposed on earned income from wages, salaries, or professional services, and on top of the higher rates adds a surtax, which is applicable to all of the taxes on income from all sources, you might find your net income severely pinched.

You may have under consideration another state which does not permit joint returns of husband and wife, but sets up different exemptions for the husband and wife.

Another state you may be looking at may have no state income tax, but within it nearly every community of any size may be imposing taxes on wages, salaries, professional services, and unincorporated businesses, usually with no exemptions.

Income tax information can be obtained by inquiry directed to the Secretary of State, or to Chambers of Commerce in the case of local communities.

Investigate All Taxes

There are numerous other state, county, and municipal taxes that may be overlooked, but they should be investigated. Some of them may not be burdensome financially, but all of them require a good deal of annoying paper work.

Personal and real property is assessed and taxed in some states at county and local levels. Whether dental equipment is regarded as

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personal property, along with household appliances, is a question of local policy.

Some states tax the value of intangible property, such as bank accounts, cash, and securities. Whether these produce income or not, they may be subject to tax at varying rates. Sometimes they are subject to both a county and a state tax. Usually such intangible property must be listed by the person in whose name it is held. Some states may permit joint listing, others will not.

Your whole family is concerned in the matter of inheritance, estate and probate laws, taxes and fees. Serious family disturbances, and expensive, prolonged litigation may arise unless this vital subject is considered fully. The services of an experienced lawyer familiar with the laws of the particular state can be of inestimable help. He can inform you and help with wills, which should express your desires within the framework of the applicable laws.

A few states do not recognize right of survivorship of husband or wife in personal property, but may do so in real estate. Securities registered in the two names with rights of survivorship will not be transferred to the surviving spouse in such states. Upon the death of one spouse, his or her share of interest in the securities will be put into the estate of the deceased. Without proper advance planning in the proper registration of se-

curity ownership, some unplanned delays or litigation may ensue.

In states having community property laws, a spouse may claim his or her interest in the community property against a will, which may have attempted to distribute property without recognizing the community interest factor. It is quite possible that a surviving spouse may waive interest in the community property, but has the choice of electing. Here again the lawyer's counsel should be sought.

Some states are not too kind to the rights of widows. In the interest of family protection, look well before making that move.

Vehicle Laws Differ

If you are going to take your automobile into the new state, a check on the requirements of the motor vehicle laws is in order. If you have a title to your car, you will have less of a problem than otherwise. Should you now be in a state which does not require title policy as evidence of ownership, you will need the bill of sale to submit as proof, before you can get title and have the car registered. Some states also inspect cars for mechanical safety at different intervals, and to operate the car without approval in this respect may be both embarrassing and ex-

Three states have compulsory automobile liability and property damage insurance laws. In the absence of satisfactory proof of such insurance in a properly licensed company, cash, bond, or other evidence of financial responsibility in fairly substantial sums must be deposited with the state.

It is not only the car that you have to consider. Driving licenses are subject to different laws and rules. Some states require written tests of knowledge of traffic laws and driving problems, in addition to road tests of actual driving. Physical examination of evesight and hearing may be required, and conditional licenses granted in case of defects. To check on physical fitness to drive, some states require examination of persons over 65 vears of age. One state issues licenses for four years if the examining officer approves. Re-examination is required after four years, and at that time it may be that authorization to drive may be limited in time, and other restrictions on the operator may be imposed. National automobile clubs can be of help in getting the facts about car registration and drivers' licenses.

You may find that your car is subject to some local tax, such as personal property, in addition to the state license fees, and that you may have to obtain a city license tag in addition to the state tag.

Whether as a dentist you are exempt from jury duty is a matter of state law. The dental society probably can give you the right answer on this subject.

Of one thing you can be sure, when you move from one state to another, you will not be too well satisfied if you attempt the move by relying upon the hobo's philosophy, "From Portland, Maine... The states are all the same..."

55 Maxwell Road Chapel Hill, North Carolina

ORAL SURGERY'S FUTURE

I SEE a great future for the specialty of oral surgery, because it is progressing in the right direction. The skill of the dentist and his understanding of the function and pathology of the teeth and jaws, combined with the basic medical training that he receives today in his postgraduate courses, will help him provide the best service to the communities that he will serve. After all, this is the test of whether a health service is good or bad. As the layman's education expands, the enlightened patient will seek and demand oral surgery services from a well qualified oral surgeon, and, as things now stand, the only source of qualification and specialty recognition is that offered by the profession of dentistry. I have faith that dentistry as a profession and dentists as rugged individualists will protect this specialty.—K. H. Thoma, DMD, The New England Journal of Medicine, Boston.



BY PHILIP PARKER, DDS

FROM TIME to time dentists are taken to task for keeping their patients waiting when they arrive at the appointed time. Is there anything that can be done about this frequent complaint?

In the first place, it is difficult enough to do precision dentistry without worrying about split-second timing. That may be possible in radio and television. There, the engineers in the control room cut off the most exalted public official in the middle of an utterance, if the allotted time has run out.

But the very nature of dentistry militates against a too rigid adherence to schedule. Waiting in a dental office, therefore, is and will remain inevitable. The reasons for this are varied and numerous enough to knock even the best regulated appointment book into a cocked hat. ro an res

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But suppose it could be arranged so that each patient be given the red-carpet treatment and ushered into an empty reception room, would it be desirable from the dentist's point of view? All experience clearly points to the contrary. You would find that those patients who complain the loudest about waiting would be the first to abandon a dentist whose reception room was always deserted when they called.

Let's face it. Beyond a doubt, a busy office inspires confidence in the patient and boosts the morale of the dentist. "Nothing succeeds like success." This is why business

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Consider the reaction of your patients to an empty reception room.

and professional men frequently resort to various devices to create an atmosphere of busyness.

In the theater they use "Annie Oakleys" to fill the empty spaces. This expedient relieves the embarrassment of the audience and heartens the actors. The immortal Metropolitan Opera tenor, Enrico Caruso, required not only a full house, but he hired numerous claques to applaud him or he could not go on stage.

Lawyers, not unaware of the business value of putting on a good show, resort to all sorts of devices to create the proper atmosphere of bustling industry, which the layman supposes surrounds important law offices.

Medical specialists wisely limit their office hours to about two a day. Everyone telephoning for an appointment is told by the secretary to come at the same hour, and the "professor" does not emerge from his inner sanctum until a full quorum of patients has assembled.

Fortunately, according to reports by the American Dental Association, dentists for the most part are quite busy these days, and are playing to full houses without resorting to any of these artificial props.

However, young dentists just starting in practice and old-timers whose patients have mass migrated to the suburbs, may be pardoned if they take measures to give the impression of activity in their offices. Whether this is accomplished by shortening the office hours or by devoting a few mornings each week to some dental clinic or hospital, the end result is the same—the avoidance, as much as possible, of an empty reception room.

Make no mistake, an empty reception room definitely affects the patient's behavior. Sigmund Freud related that in his own practice: "... it happens over and over again that people who are admitted from my 'waiting' room omit to close the door behind them; ... the fact is that this negligence of the patient's only occurs when he has been alone in the 'waiting' room and so leaves an empty room behind him."

Freud explains the patient's behavior by saying that the patient "...had prepared himself to come on a crowd of suppliants somewhat like those in front of a branch milk station. He now enters an empty 'waiting' room and he is disappointed. He must demand reparation from the physician for the wasted respect that he had tendered him, and so he omits to close the door between the reception room and the office. As soon as I have noticed this I insist rather gruffly that he or she go back in

order to rectify the omission, even though it be an elegant gentleman or a lady in all her finery." Freud argues that the patient's behavior upon finding an empty 'waiting' room "is not accidental, but has a motive, a meaning, a purpose, that has its assignable connections psychologically."

Even though Freud managed to maintain mastery of such situations you can see that even he was clearly nettled by the behavior of the patients. So, the next time a "successful" dentist smugly orates about the virtues of never keeping a patient waiting and ushering him into a gaping reception room, just take it for what it is—pure, unadulterated pontifical pap.

1801 Marmion Avenue Bronx 60, New York

THE HE-MAN'S REACTION TO ILLNESS

WE FREQUENTLY observe that the superficial behavior of the well person provides no real clue as to how he is going to react emotionally to being sick. We have all seen examples of the rugged, outdoor, he-man type who, faced with the prospect of some minor surgery, goes all to pieces and seems to regress before our eyes to an almost childish level of behavior. However, if we were to stop for a moment and think of why he had to play the part of the he-man in the first place, his reaction might not prove to be so completely unexpected. Undoubtedly, if he had not needed to bolster himself against quite opposite feelings he would not have found it necessary to impress himself and everyone else with his strong, aggressive, masculine qualities. The rupture of this personality facade by the threat of illness breaks through the defenses which had originally created it and allows many of his real feelings of anxiety and inadequacy to come to the surface and dominate his behavior .-SOME EMOTIONAL ASPECTS OF MEDICAL PRACTICE, Medical Times, Manhasset, L. I., New York.

THE COVER

This month's cover photograph of the Aloha tower, a perpetual greeting to visitors entering Honolulu harbor from every part of the world, represents a cordial invitation from President Robert C. Sample to dentists of the United States for the 56th annual meeting of the Hawaii Territorial Dental Society, which will be held in Honolulu from June 15 to 19. For detailed information about a meeting that will bring you to the world's most famed vacation land, please write to Doctor John H. Dawe, Secretary, 810 North Vineyard Street, Honolulu 17, Hawaii.—
Photograph by Hawaii Visitors Bureau.

So You Know Something About DENTISTRY!

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BY ROLLAND C. BILLETER, DDS

Quiz 165

- True or false? Enamel and dentine of a human being can be regarded as a calcium reservoir.
- 2. After a coronary thrombosis, dental procedures, particularly extractions, should be postponed for from (a) 1-3, (b) 3-5, months.
- 3. With increasing age, why does the periodontium become atrophic?

- 4. Bone changes accompanying orthodontic treatment in general (a) are, (b) are not, restricted to the alveolar hone.
- Is there any justification for concern by the patient when undergoing routine x-ray examinations for dental diagnosis?
- True or false? Despite the improvement in cavity preparation methods, the success of the restoration depends on the fulfillment of mechanical laws.
- The loss of residual monomers from acrylic material

 (a) increases,
 (b) decreases,
 the absorption of water.
- 8. Do amalgams of smaller grain size have greater strength?
- Bulky castings in gold appear to require (a) more, (b) less, shrinkage compensation than thin ones.
- 10. Is it possible for psychosomatic factors to initiate periodontal disease?



BY DAVID L. MARKSTEIN*

In one week last winter there were more business failures than in any week since 1940. This gives a good measure of the developing scope of the current recession. It affects every dentist who is also an investor.

Looking at such statistics, some economic seers are shouting excitedly, "The dam has busted, boys, run for the hills." You are not going to read such gloomy advice in this article.

However, the dentist-investor who is determined to be optimistic about everything can fare badly in today's shaken stock market. The bull market is definitely over. We are in a bear market. Moreover, although the stock market has definitely not busted and no depression looms, we are clear-

ly in a recession, and the bear market and recession must be taken into account in planning any investment program. The vice into sice Poor Me

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Let us look first at the recession. Then we will examine the factors that make a strong, positive investment program a wise one right now.

There are, as we have noted, increasing business failures. Unemployment is at the highest levels since the end of World War II. The vital auto industry is suffering from slow sales; and because of this and other economic slowdowns, the even more vital steel industry is using only a relatively small portion of its capacity. Serious over-capacity also exists in petroleum and other important fields.

The sizable drop taken by the Dow-Jones Average does not tell all of the story, as a great many dentists with such stocks as Du

^{*}Mr. Markstein is a registered investment advisor.

The author gives definite advice for selective stock market investments during a recession.

Pont, General Motors, Reynolds Metals, Ford, and other blue chips can testify. Scores of good stocks have plummeted faster than the "averages."

Thus we have a recession, and a bear market. Yet I say that all is by no means lost. In fact, great fortunes have been made in the past by farsighted investors who picked the right stocks at bear market bargain prices. (Present levels may or may not constitute bottom—I am writing here of individual stocks and their prospects rather than the market as a whole.)

Just as certain industries and certain stocks "turned down" long before the economy and the stock market did, right now some industries are similarly reversing the trend by going up. The problem is to find these industries and to pinpoint good stocks in them. Where are corporate earnings stable despite recession, and where is there likelihood of actually increasing earnings? Which are the aggressive companies in those industries?

Utilities Recommended

Foremost are electric and some gas utilities. (I do not include natural gas pipelines, which are

under an earnings cloud until the Supreme Court rules on the controversial "Memphis decision.") Utilities have a habit of sailing through moderately hard times with no earnings impairment. Indeed, many of them continue to grow at the same pace as during the preceding booms. Some of those which I feel may do so this time are: Tucson Gas, Electric Light and Power; El Paso Electric: Texas Utilities; Arkansas Louisiana Gas; Central and Southwest: Central Louisiana Electric: Florida Power and Light; General Telephone; Houston Lighting and Power; and Alabama Gas Corporation.

These utilities are mostly located in the growing areas where industry and population are increasing much faster than elsewhere in the country. All have shrewd, aggressive managements that I believe will push them ahead despite slow business conditions.

Another field of possible present and future growth is the food industry. But here there are only a few companies that could be classified as "aggressive." In my opinion the best of them, investmentwise, are General Foods, Gerber Products, and Heinz.

A special segment of the food industry is deserving of particular attention. This is the chain supermarket group. Outstanding among them are Safeway Stores; Winn-Dixie Stores; and a couple of little-known smaller outfits: A. J. Bayless Markets and Food Mart, Incorporated (not to be confused with Food Fair Stores).

Many "science" companies with a big stake in newer products offer possibilities. There are both blue chips and smaller companies among this group. I like General Electric, General Dynamics, Corning Glass, Eastern Industries, and Electronics Associates.

Although the paper industry has been depressed longer than has the general economy, two paper stocks have inviting immediate prospects coupled with pronounced longterm growth trends. They are, Lily-Tulip Cup, and Scott Paper.

Drug firms have fared well despite generally harder times, and some of them appear likely to continue doing so both in the immediate and the longer-range future. The drug stocks I like best at this moment, from the point of view of prospects and reasonable prices, are Smith, Kline and French; Schering; American Home Products: and American Cyanamid.

Tobacco stocks also appear to be recession-proof. On Wall Street the furor over health has died down. The only one of the group that has both good income yield and strong future promise is R. J. Reynolds. Lorillard has shot up in a spectacular way recently, but the basis for another such rise appears lacking.

Then there are industries which have already had hard times and which may now be turning upward. The building industry is one of these. In it, I like American Marietta and National Lead for the long pull.

Finally, there are many stocks which individually offer inviting prospects without regard to their industries. Those I recommend to clients include Avon Products, Emery Air Freight, Associates Investment, McGraw-Hill Publishing, Hammond Organ, and Trans-Carribean Airways.

Should you invest all of your money now? I advise a cash reserve of about 25 to 30 per cent of total portfolio values. That gives buying power if especially attractive prices develop later on. And most important, you have a feeling of security; you can sleep well with your investments.

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2232 Wirth Place New Orleans 15, Louisiana

EXECUTIVE TENSIONS

Only too easily a business manager can drift into a state of being overworked, overprivileged, and underrelaxed. In such a state he cannot work effectively, enjoy himself contentedly, or rest satisfactorily.—HEALTH UNDER PRESSURE, Harvard Business Review.



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TECHNIQUE of the Month

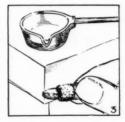
Originated by W. EARLE CRAIG, DDS

New Method of Making Copings for Abutment Castings or Porcelain Jacket Crowns

By DANIEL P. URBAN, (DC) USAF

Drawings by Dorothy Sterling





Take impressions and make dies.

Adapt tin foil to the dies.

Pour Mellotte's metal over the foil-covered dies—just enough metal to cover the foil. Leave the surface roughened for retention.

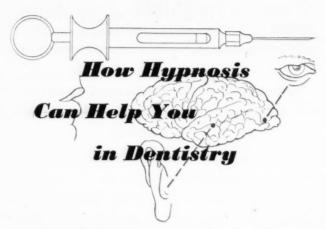


Place the copings over the tooth preparations and take final impressions with the copings in place.

Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter, Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh, Pennsylvania



BY J. D. MERSHIMER, DDS

A FULL day workshop recently held at the Beldon-Stratford Hotel in Chicago, was conducted by The Chicago Academy of Dental Psychosomatics on the theme How Hypnosis Can Help You In Dentistry. The stated purposes of the "workshop" were as follows:

1. To acquaint our fellow members of the Chicago Dental Society with the extensive scope of the study of the application of hypnosis in its various aspects, conducted by the Academy over the past seven years.

To testify to our experience in better patient management in our individual practices through the application of techniques learned in this study.

3. To invite others to join with us in our continuing studies, and

thus enjoy the benefits possible only in group effort as a supplement to personal reading and study. June
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The program was arranged by Doctor M. I. Gerry, of Chicago, who also acted as chairman of the morning session, which consisted, after my introduction and orientation, of three main topics:

(1) Psychologic Approach, by Doctor Stanley D. Buckner.

(2) Induction Procedures, by Doctor Irving I. Secter.

(3) Autohypnosis and Autoconditioning, by Doctor M. I. Gerry.

The luncheon speaker was Doctor William S. Kroger, prominent in medical hypnosis, who exhibited and narrated the performance of a thyroidectomy operation performed by him with no anesthesia other than hypnosis, not even analgesic medicaments. He emphasized the point that there are times when

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A brief review of a workshop under the sponsorship of the Chicago Academy of Dental Psychosomatics.

hypno-anesthesia can be used to great advantage when both local and general chemical anesthesia are contraindicated, and that shock is always considerably lessened by such a procedure.

The afternoon session was of a more practical nature, and was presided over by Doctor Robert Atterbury, President of the Academy, who covered the subject of Hypno-Anesthesia in Dentistry and Oral Surgery. The following is an abstract of Doctor Atterbury's presentation:

The requirements of dentistry are ever increasing, and in this respect a knowledge of suggestion and hypnosis is a valuable adjunct to the knowledge of sedatives and anesthetics. Hypno-anesthesia will never replace chemical anesthesia, nor will the wisest psychology replace anesthetic agents, but hypno-anesthesia has a place if correctly applied.

In some patients much the same can be done with hypno-anesthesia as can be accomplished with chemical anesthesia. It is not intended to suggest that hypno-anesthesia should be substituted for an efficient chemical anesthetic, except in some unusual cases, but rather that it should be used in combination with a chemical anesthetic for optimum results.

There are some advantages of using hypno-anesthesia over chemical anesthesia:

- 1. Anesthesia produced with the use of hypnosis can be terminated instantaneously.
- 2. It can be moved from one area of the body to another.
- 3. It produces no depressing physiologic effect.
 - 4. Healing is more rapid.
- 5. Posthypnotic anesthesia is possible.
- 6. Hypnosis and suggestion can be used to allay the fears and anxiety of the patient undergoing surgery.
- A more relaxed patient requires less of a chemical drug.
- 8. It can be used to eliminate surgical pain.
- It can be used to eliminate outside stimuli.
- Psychologic lobotomy is possible.

There are also some disadvantages:

- 1. Most normal patients can be trained to develop hypnotic anesthesia, but certainly in some patients this requires a good deal of training.
- 2. Some practitioners are more comfortable when using a drug than they are in using a hypnotic technique.
- Hypno-anesthesia cannot be produced quickly and easily in every patient.
 - 4. Drugs can produce anesthesia

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in a more routine manner than hypno-anesthesia.

5. Hypnosis is used for entertainment.

Local anesthesia, analgesia, or general anesthesia when administered in the proper manner with the aid of hypnosis, are excellent adjuncts in dentistry.

Doctor Richard Scott, of Des-Plaines, Illinois, gave a practical demonstration, with a boy patient, of the use of hypnosis on young children. He showed his method used to gain the confidence of the small patient, and then "never betraying" it. He described the stunt of drawing a "Raggedy-Ann" face on the child's thumbnail with a colored pencil, and then employing the "coin" method of hypnosis. While the child uses the face on the nail as a point of concentration, which consists of holding a coin in the hand with the arm outstretched, Doctor Scott through the usual patter until the child relaxes the hand and drops the coin. He learns of the child's favorite pastimes in previous conversation, and then suggests to the child that he use the fine imagination which all children have, to take himself "out to the ball game" or whatever he might like to do for amusement. Doctor Scott told us that many of his child patients will sit quietly by the hour if necessary, while he treats them, reliving baseball or football games, and he has to show them what he has done when they emerge from the trance. Next, he emphasized the value of "both kindness and hypnosis" in teenagers, who will soon be grown up, married, and bringing their own children in to see you. He spoke of one patient who flew in one day from New Jersey just to have him adjust a pontic on a bridge he had made twenty years ago.

Dentures and Hypnosis

Doctor George Haberline described the use of hypnosis and suggestion in the various phases of denture prosthetics, including the extraction and surgical preparation of ridges, and the insertion of immediate dentures. He said the patients on whom he had used hypnotic techniques, got along well, with only a few minor adjustments, and no complaints; as opposed to the previous complaints and difficulties of mental adjustment. If you use the "muco-static" technique for full denture impressions, Doctor Haberline told us, you will not only have a relaxed patient, but also relaxed mouth tissues and freedom from muscular tension. He further stated that in registering centric, whether by bite blocks or intraoral tracing, a more accurate result is obtained in much less time. The tendency to protrude the mandible, he said, was eliminated under hypnosis by just saying "relax."

Gagging was also discussed by Doctor Haberline—both in taking the impressions and in wearing the dentures. He said that there is more than mere contact of the denture against tissue that causes gagging -there are also strong psychologic factors involved, best described as simply the "fear of gagging." According to Coue's Law of Reversed Effect, when the will and the imagination are in conflict, the imagination will always win or prevail. Because the deep trance state, considered to be the most successfully employed in the removal of the gag reflex, is not always practical, Doctor Haberline suggests the following technique, which can be used in the light hypnoidal state, and thus is applicable to 85 per cent of our patients. After making sure, of course, that the dentures fit well, place the patient in the light comfortable hypnoidal state, and instruct him to think the following to himself: Every day my dentures will fit better in every way, so that I will soon stop gagging, and will have no desire to do so-my dentures feel comfortable, and are easy to keep in placeeach day my dentures will feel more comfortable in my mouth, and will masticate my food better, and so on. The patient is then instructed to repeat this formula several times each night just before falling asleep, and the first thing in the morning after awakening. It also helps if the dentist has some faith in this method, as it does in all other forms of suggestion.

Doctor M. B. Gelberd reported on the work he has been doing, and the need of further study, in the use of hypnosis in treating the unfortunate, and difficult-to-treat cerebral palsy patients, who are much neglected dentally. He reported some success in treating all five types of spastics, and emphasized that the profession should feel an obligation to do its part to cooperate with other therapists in helping those so afflicted.

Doctor Leo R. Pasquini, of Itaska, Illinois, read a paper on the control of fear and anxiety. He listed the following ways of eliminat-

ing fear:

1. Teaching skills, which enable the person to meet the situation effectively whenever it arises.

Providing opportunities to become more familiar with the feared object or situation.

3. Having the person witness others who show no fear in the same situation.

4. Direct conditioning.

Doctor Pasquini also listed four ways of helping you to make proper adjustments in your own life, when you find tensions mounting, as follows:

- 1. Talk it out with someone.
- 2. Get away for a while to other scenes.
- 3. Go easy with criticism of others.
- 4. Give the other person a "break."

His final word was: "Don't be afraid of being psychoanalyzed yourself."

205 West Wacker Drive Chicago 6, Illinois



EDITORIAL COMMENT

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"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

SCRIP FOR RECOVERY

This idea to help correct the present economic recession is no more harebrained than many that have been suggested by some economists and politicians. It is a simple method, and appears to be a workable one, of tax reduction and of stimulation for buying. Most economists are agreed that both these procedures are necessary to encourage economic recovery.

People who pay the taxes, and that is virtually everyone and every business, should approve the principle of this idea. That is important.

Stated in the simplest form: Let the federal government issue scripcredits in the amount of 10 per cent of the income tax paid by individuals and corporations for the taxable year 1957. The scrip would be used to pay for goods and services only.

A ceiling in the amount might be \$500 for individuals, \$1000 for joint returns, and a larger amount for corporations. When the scrip was endorsed an affidavit would be required under the signature of the payee to declare to whom and for what the payment was made.

On the tax schedule for 1958, due April 15, 1959, the taxpayer would be required to state under oath for what purpose and in what amount the scrip-credits were used.

The scrip would have a maturity date of six months from the time of issue for the full face value. After six months the amount would be reduced at the rate of 5 per cent a month. That would encourage prompt use of the "money" for the purpose for which it was intended: the stimulation of buying.

For example, a \$100 certificate would buy goods or services in the full amount of \$100 for the first six months; \$95 for the seventh month; \$80 for the tenth month, and so on until the scrip was worthless at the end of the twenty-sixth month.

It might be necessary to prohibit the use of the scrip for savings, the purchase of stocks and bonds, life insurance premiums, and the buying of real estate. The use of scrip for investment purchases might 1 e

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defeat the principle for which it was intended: the stimulus to buy goods and services NOW.

Scrip is not an ugly or an alien word. It is defined as: "a receipt, a certificate, or other document showing a right to something." The people who have "a right to something" are the ones who pay their taxes. They earned the money in the first place, and should now have the right to a credit that they can use to buy goods or services.

There will be objections to this idea; there are to all new things.

One objection would be that taxpayers in the lower brackets would receive less than those who have already paid in the higher brackets. That is true. But so long as the purpose of the remedy is to stimulate business NOW, and does not represent a permanent change in the basic tax philosophy, there is no need for cries of alarm on this count. The people in the lower tax brackets are the ones who would profit from a business upturn and the full employment that would result from buying goods and services.

Another objection, would be that some people would cheat and would not use the scrip for the purposes intended. That is also true. There will always be cheaters under any tax law and in many business dealings. People who used the scrip unlawfully could be subject to the penalties

that are already provided under the Internal Revenue code.

A third objection would be that the method would be cumbersome. That is only partly true. The Bureau of Internal Revenue has an extremely efficient accounting service, and with the increased use of electronic bookkeeping machines it should be possible to issue the scripcredits as promptly and as accurately as tax refunds are now made.

There will also be some who would say that this plan will build more bureaucracy and the government will further dictate the lives and habits of citizens. Does not the government with the power to tax and

to spend already limit the citizen's purchasing power?

Finally, there might be psychologic objections. Some people might fear that this new method of economic "pump-priming" would debase the currency and endanger government securities. Why should it? Our entire economic system is based on constant change, and this idea seems to represent a practical emergency measure.

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ASK Oral Hygiene



Please send all correspondence for this department to: The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be pretected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Monilia Albicans

Q.—I should like to submit the following outline of a case at hand.

Four years ago I made an upper acrylic denture for a woman patient approximately sixty-eight years of age, and in good physical condition, other than low blood pressure. She had been getting along fine until about seven months ago when she complained of a "burning and annoying" sensation under the denture, which forced her to remove the denture at night, yet the soft tissue throughout appears normal.

She has the idea that she is allergic to acrylic; but after more than three years of wearing one of this material, such a condition should not develop. I have had her try different mouthwashes and leaving her denture in various recommended solutions, but to no avail. What do you suggest?—W. N. D., New Mexico.

A.—In our experience we have found little if any allergic reaction to acrylic denture bases if they are properly processed.

However, in the last few years there have been many cases of monilia albicans, particularly under upper dentures. For a while we treated these cases with gentian violet, but it has been found that Mycostatin® Dusting Powder is much more effective.

Each time the denture is removed for cleaning it should be thoroughly cleaned, and the tissuebearing surface covered with the dusting powder before returning it to the mouth. The mucosa under the denture usually clears up under this treatment.—V. C. SMEDLEY

Removing Discoloration

Q.—Can you give me the name of a bleaching agent to remove discoloration from tooth structure?—W. P. F., New York.

A.—Superoxol® may be used for bleaching some types of tooth discoloration. It is applied differently for different types of cases. A description of the specific case would be necessary to give detailed instruction on its use.—V. C. SMEDLEY

Sterilization

Q.—What sterilizer and method of sterilization is recommended for use in the practice of general dentistry?—J. A. H., New Jersey.

A.—It is generally considered that the safest protection against infection from dental syringes and other instruments is the autoclave. If one does not have an autoclave, heat sterilization is better than chemical.

In a recent editorial¹ the matter of serum hepatitis is gone into, (Continued on page 62)

¹Ryan, E. J.: Serum Hepatitis and Dental Injections, Dental Digest **63**:320 (July) 1957.





WEDGES

MATRE



Usual placement of Wizard Wedge in support of matrix band, viewed from buccal sur-



two Wizard Wedges inserted to fill very wide embrasure, riowed from acclusal surface.



Wizard Wedges used in ax freme concave axial contour o gingival seat, viewed from ac-

Eliminate Overhangs... Assure Good Contact in Amalgam Restorations

- Design preferred by most U.S. Dental Colleges, as revealed by recent survey.
- Made of white birchwood . . . triangular in crosssection and longitudinally tapered. Naturally fill a triangle WITH a triangle.
- Swell with moisture . . . wont slip or splinter.
 Pre-cut, ready-to-use. Save time of making "hand carved" crude wedges. Also save chair time.
- carved" crude wedges. Also save chair time.
 Easily modified to meet unusual needs. For wide embrasures two Wizard Wedges inserted in op-
- posing directions fill any gap tightly.

 For ORTHODONTISTS, Wizard Wedges make excellent separators.

ECONOMICALLY PRICED
100 Wedges, \$1.50—500 Wedges, \$6.75



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AN IDEAL COMBINATION
WIZARD WEDGES PARTICULAR CONTRA-ANGLE

Note how early Witard Wedges are applied from buccal surfaces on the needst and distel for interprenient continues to the process of filling material. Here is the perfect two-some to save you time, labor and trouble.



and while we do not believe that infected dental syringes had anything to do with its cause the fact remains that a number of cases of serum hepatitis were connected with dental injections.—V. C. SMEDLEY

Exposure to X-rays

Q.—Is there any possible danger to the person who takes dental x-rays? We have a new General Electric x-ray machine which takes x-rays with exposure timed 1/10 to 2/5 of a second.—A. A. G., California.

A.—Yes, there is some danger to the operator in making dental x-ray exposures. If one is making many exposures he should stand behind a lead screen. If he is not making many, standing a good distance away from the patient and at right angles to the path of the ray is sufficient protection.—V. C. SMEDLEY

Clicking Dentures

Q.—I have a patient, a man of 65, who says he is continually trying to bite or close artificial dentures together while driving (he is a salesman), or reading at home. His wife says he bites and "clicks" his teeth together, and makes a "porcelain" contact noise. It appears to be a habit of closing and pursing his lips.

He had old dentures with a large degree of closure. Two and a half years ago I made him a new set. He required so much opening that I was afraid to give him complete normal, 2 or 3 mm of freeway space, at one time, and gave him perhaps 4 or 5 mm. He now has about 7 mm freeway space. I hesitate to increase the vertical dimension if it is not necessary, as the teeth are now 10-15 mm off the base of the ridge in each den-

ture. There is much loss of bone,

He has had no trouble with the dentures. He says this closing and biting habit started about three months ago, I wonder if this is just a nervous habit, although he is not a nervous type; or whether opening further would help. I have put him on certain daily mandibular exercises for the present. I should appreciate any suggestions— N. T. H., Minnesota.

A .- You will more likely succeed in stopping this biting or tooth clicking habit by closing the bite than by opening it. It should be a simple procedure to discover which is needed. First try opening the bite with a modeling compound lift under either upper or lower whichever it appears denture. could best stand longer appearing teeth. Modeling compound under a denture can be worn for several days for such a diagnosis, if you caution the patient to avoid heat or alcohol on the compound during the test.

To test if shortening the bite will help, make a quick-cure acrylic baseplate at the desired bite closure, to be worn for several weeks if necessary to determine if closure solves the problem.—V. C. SMED-LEY

Lesions Caused by Dentures

Q.—I have an edentulous patient who has had reoccurring lesions in the corners of her mouth. Her physician has prescribed vitamin B to no avail.

I am making her a new set of dentures. Would opening her bite be of any help?

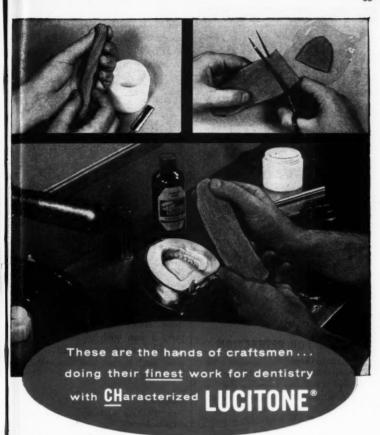
—J. B. E., New York.

A.—Yes, opening the bite and (Continued on page 64)

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Good laboratories achieve their peak in denture construction for dentists who specify "characterized Lucitone."

Laboratories welcome the instruction to use characterized Lucitone because this material alone enables them to finish cases with gingival tone over the necks of the teeth... with verti-

For modern materials call on

cal fibers that simulate the vascular appearance of labial and buccal areas... and with lengthwise fibers in palatal areas.

Combined with Lucitone's true-to-life mottled coloration, these characteristics make possible dentures so lifelike that patients' confidence is won completely.

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A sterile solution of 8:100 racemic epinephrine hydrochloride and 2:100 zinc chloride, Racemistat is useful to the dentist in most incidents of simple oral bleeding. It is especially indicated for hydrocolloid techniques for immediate, clot-free hemostasis and clean, visible operative areas. Racemistat also results in increased patient comfort and important saving in chair time. You are invited to write for literature giving complete details.

RACORD FOR RETRACTION

A dry cotton thread impregnated with 8:100 racemic epinephrine hydrochloride and 2:100 zinc chloride, Racord is activated by normal tissue moisture; 3 yards at \$2.25. Racemistat available in ½-oz. at \$2.75; 1 oz., \$9. If your dealer cannot supply you promptly, order from us. Satisfaction guaranteed.

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Dr	
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City	State
My dental o	dealer is

adding buccal contour to the upper denture particularly, to support the sagging cheek tissues, will help materially in these cases.—V. C. SMEDLEY

Sinusitis

Q.—My patient is a 27-year-old man with a history of sinusitis. Several months ago I extracted an upper molar, without trouble. I noticed that one root had been in the antrum, and the thin membrane or lining exposed, but I did not disturb it. After several days an opening occurred with slight drainage. As this opening persists after three months, with apparently no drainage or discomfort, would it be advisable to close this, and if so, what procedure should be followed?—C.H.P., Pennsylvania.

A.—Considering the fact that the patient's sinus is now open with no drainage or discomfort after three months, it is questionable whether anything should be done. However, in order to close this, if you wish to do that, you should have the cooperation of a nose and throat surgeon.—V. C. SMEDLEY

Gagging

Q. We have made upper and lower acrylic dentures for a man about 55 years of age. The dentures, after a few adjustments, were satisfactory. When we took primary and final impressions, gagging occurred with the upper, but no more than in the average case. Insertion of the dentures did not seem to cause any gagging.

Now, after two months, upon arising in the morning, the upper gags him so much that he has to leave the dentures out until he retires in the evening, after which time he sleeps comfortably all night. This is an everyday occurrence now.

I removed a little of the posterior border to try to give him relief, but to

(Continued on page 66)



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ior to no avail. I would appreciate your advice.

—H.J.H., Wisconsin.

A.—A firm post dam at the junction of the hard and soft palate is the best prevention of gagging with dentures in most cases.

In the rare case where this does not suffice, a roofless denture can be fitted that will stay up and function satisfactorily without causing gagging.—V. C. SMEDLEY

Malocclusion

Q.—I have a 4½-year-old patient who has an overbite of approximately three-quarters of an inch. His posterior teeth are in fair condition. He has suffered a brain injury, and cannot talk. He is under the care of a brain specialist who has suggested that orthodontic treatment should be started at this time.

May I have advice?—J.B.E., New York. A.—I assume that you mean

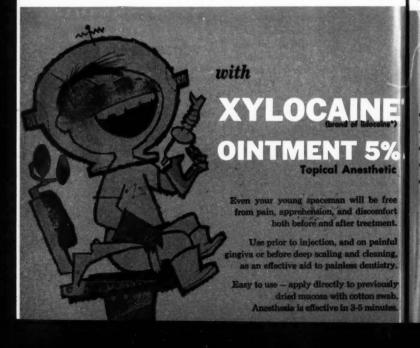
overjet instead of overbite for your $4\frac{1}{2}$ -year-old patient. This is the type of malocclusion that is caused by thumb sucking.

Our orthodontist friend, Doctor William R. Humphrey, tells me that this type of case is best treated at an early age, but with a mentally deficient child it would be a difficult thing to accomplish. Of course, in any case such a correction should be undertaken only by a competent orthodontist.—V. C. SMEDLEY

Gingivitis

Q.—I am sure you can give me some advice on the treatment for gingivitis. Suppose the patient has an unkempt mouth, with solid teeth that would do

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pretty well if given care. The gingivae are sore, and bleed at night. Most likely the patient could be convinced that a series of treatments is necessary. What is your procedure? After the prophylaxis what do you apply to the pockets? Suppose the patient is more or less a transient, what would you do for him during the hour, and what would you prescribe for him to get and use?

Thank you very much. R.E.G., Neb.

A.—Such a patient as you describe should be convinced of the importance of a series of treatments to restore his mouth to a clean healthy condition. There is plenty of information in the literature as to just how to accomplish this.² But there is no use for you to spend the money to accomplish this unless you can also convince

him on the idea of giving his teeth and mouth the necessary daily care to maintain this condition. It helps to impress on a patient the importance of his learning to do this, if your series of treatments cost him enough to convince him of its importance.

If you do not feel qualified yourself to clean up such a mouth and teach the patient to keep it so, you should send him to a periodontist, which in itself will have a tendency to impress him with the importance of the matter.—V. C. SMED-LEY

²Thoma, K. H.: Oral Diagnosis and Treatment Planning, W. B. Saunders Company, 1937.

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Dentists in the NEWS

Providence (Rhode Island) Journal: Doctor Charles F. McKivergan, of Providence, was among 763 recipients of the annual Valley Forge Freedoms Foundation awards. The awards were given for "writing, talking, and doing things in 1957 that promoted a better understanding of the United States, its people and its philosophies." He has written hundreds of magazine articles in his spare time, and won a medal and \$100 for an essay entitled WHAT IS OUR AMERICAN DUTY TO OURSELVES AND TO THE WORLD. He won other Freedom Foundation awards in 1955 and 1956 after writing on similar topics,

Louisville (Kentucky) Courier-Journal: About ten years ago, Doctor Irvin T. Beck of Louisville, became interested in the work of eye banks and pledged his eves to be used after his death by a New York eye bank. Several years later he found that the cornea of one eye was defective, and that he needed a corneal transplant such as he had offered to others by his pledge. He took his name off the donor list. Now, after a successful corneal transplant in New York, Doctor Beck is back on the list. He reported his experience to a meeting of the Louisville Lions Club, sponsors of the Louisville Eye Bank.

The bank is supported by proceeds from the Lion's Kentucky-Indiana all-star high school basketball games, and from contributions from interested persons. Charles E. Cox, Lions director for the bank, said that 350 pledges have been received in Louisville. Donors receive cards to carry with them at all times indicating that they have pledged their eyes to the bank after their death.

Cedar Rapids (Iowa) Gazette: Doctor John E. Dorman, nearing his 80th birthday, has been coaching Upper Iowa athletic teams since 1906. University officials say his salary meant little to him, and he has given most or all of it back to the college through the Living Endowment league. He serves more in an advisory capacity now, with the strenuous job of coaching being done by a former pupil, Eb Eischeid.

Vancouver (British Columbia) Sun: Faced by the challenging dental-health problem in the Queen Charlotte Islands. Doctor Claude W. Gardner spends six weeks each spring and fall in the remote islands off British Columbia's northwest coast, in a determination to make a success of his volunteer role as a pioneer of modern dentistry.

When he is not putting in noon-tomidnight sessions at the 1905 vintage dental chair set up for him in Queen Charlotte City Hospital, or working at his improvised laboratory in the morgue, Doctor Gardner is busy talking dental hygiene. He has developed three simple, practical lectures for his school talks.

Doctor Gardner has discovered that the Indians are more responsive to the needs of good dental care for their children than the white population; and that although the Queen Charlotte Islanders have something to learn from city standards of dental health, there is a good deal we can learn from the islanders' philosophy of life.

Oklahoma City (Oklahoma) Times: "You can do anything you want to, if you want to badly enough." This is the (Continued on page 70)

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 more attractive dentists, Doctor Sunshine Sullivan, mother of three active children, Sherry, 7; Gay, 5; Brad 2; and wife of dentist O. Gordon Sullivan. She feels that dentistry is ideally suited to a woman. She can maintain her home, have a family, take trips, and still keep her office open, working her office schedule around chauffeuring the children to and from school, and other things she wants to do.

philosophy of one of Oklahoma City's

A graduate of the University of Texas dental School, Doctor Sullivan states that there is a definite need for a dental school in Oklahoma. She believes that if there was one close at hand in the state, possibly many more students would become interested in making destity their profession.

New Haven (Connecticut) Journal-Courier: Doctor Samuel I. Blum shas been named to a five-year term on the New Haven Health Board. He is the first dentist to be appointed to the health unit in its 153-year history. Doctor Blum is also director of the Dental Clinic Society of New Haven, the Hill Community Council, and the United Fund; and president of the Parent Teachers Association of the Horace Day School.

Williamsport (Pennsylvania) Grit: A profitable hobby absorbs Doctor Donald E. Callar's free time. He turns out handmade rifles, which sell for \$125 and up. Doctor Callar, of Alexandria, Virginia, says a rifle can be built for \$20 or \$25. A lathe for "turning off" and chambering a barrel is about the only special machine needed for the job.

Durham (North Carolina) Sun: The "Whiteheaded Woodpeckers," a group of local business and professional men who enjoy woodcraft as a hobby, recently displayed their accomplishments at the Allied Arts Crafts Fair in Durham. One of the most beautifully finished pieces is a chess table and set conceived and executed by Doctor John T. Bell. The table is cherry, with walnut and maple inlay forming the chess

(Continued on page 74)



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J. Dent. Research 28:248, 1949
 Oral Surg.; Oral Med., & Oral Path. 5:155, 1952

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board. The contemporary design chess men are also walnut and maple; and the kings and queens wear crowns of 24carat gold cast by Doctor Bell. In addition, he has made a coffee table topped with 15th century blue and white Dutch tiles, which his daughter brought back from Europe, and a mahogany dining table, which is extended by an ingenious device, and has a felt-lined compartment for silver.

Camden (New Jersey) Courier-Post: Doctor Peter Stratis of Merchantville, won \$230, the first prize in a Picture Payoff contest sponsored by the Courier-Post. He plans to use his winnings to pay for some newly purchased office furniture. Doctor Stratis said he has been working puzzles of all sorts for as long as he can remember.

Detroit (Michigan) News: About fifty members of the Detroit Alumni Chapter of the dental fraternity, Alpha Omega, and their wives, put on a musical variety show, "Knights and Daze," at the Mumford High School auditorium. The show was written by Doctor and Mrs. Gerald Michael, Doctor and Mrs. Al Gefert Goldstrom, Doctor and Mrs. Al Gefen, Mrs. Daniel Goodman, and Doctor and Mrs. Hugh Kopel. Doctor Jack Lawson, who admits to a "little" theatrical background at the University of Michigan, served as producer-director, with Doctor Michael as his executive production director. Proceeds from the show have been placed in the Alpha Omega fund to provide dental care for the indigent.

Newark (New Jersey) Star-Ledger:
Men and women over 50 with small incomes can now live out their lives in a luxurious way at the Monterey-by-the Sea, a famous shore resort hotel in Asbury Park, New Jersey. Doctor Jean Kaplan, president of the Monterey and an expert on the problems of people of retirement age, pointed out that many people of retirement age are hunting a different and more economical life. By

(Continued on page 76)

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 Sud, V.: J. D. Res. 30:19, 1951.
 Nathanson, I. G. and Morin, G. E.: Oral Surg., Oral Med. and Oral Path. 6:1284, 1953.



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Louisville (Kentucky) Times: It was a desire to combine a knowledge of medicine and law that led 34-year-old Doctor Murdock Head to attend George Washington University School of Law at Washington. He received his degree in February.

Doctor Head has a dental degree from

the University of Louisville, is a practicing physician (with an MD from the University of Vermont), and a prospective teacher of forensic medicine, "Getting the physician and the attorney to understand each other..." is the way he defines forensic medicine, It is the relation and application of medical facts to legal principles. "It is important that somehow the horizon of the specialist be enlarged, so he can think about communicating the ideas in his field to other people."

He believes that "the only thing that limits you in this world is your interests..." Doctor Murdock has many. He operates a 500-acre beef cattle farm near Warrenton, Virginia; flies his own plane; and likes skin diving, spear fishing, and hunting.

Awards for items submitted for this month's Dentists In The News have been sent to:

Mrs. Mozelle Reeves, 2709 Roxboro Road, Durham, North Carolina
Harold R. Conover, 38 North Hilltop Avenue, Somerdale, New Jersey
Phil Ackerman, 1507 West Broadway, Louisville, Kentucky
Mrs. Jane Messmore, 15922 Dasher, Allen Park, Michigan
Richard Fisher, 1404 West Mauney Avenue, Gastonia, North Carolina
B. Vellat, 508 West 62nd Street, Seattle 7, Washington
R. H. Thompson, Sr, 1123 Cumberland Drive, Oklahoma City 16, Oklahoma
Mrs. Ruby Corder, 213 Ohio Avenue, Nutter Fort, West Virginia
Kay Seibert, 1515 Washington Avenue, SE, Cedar Rapids, Iowa
Guy E. Jack, 25 Whalley Avenue, New Haven 11, Connecticut
Mrs. E. Charland, 102 Waterman Street, Providence, Rhode Island
Mrs. Aleen Dunn, 730 White Street, Port Huron, Michigan
Mrs. Myrtle Fowler, 2016 Dixie Garden Drive, Valley Station, Kentucky



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ANSWERS TO QUIZ 165

(See page 49 for questions)

False. (Accepted Dental Remedies, 22nd Ed, 1957, American Dental Association, page 157)

Espe

- (b). (Colpoys, F. L.: Medical Evaluation of the Dental Patient, Mass. D. Soc. J. 5:10 April 1956)
- The osteoblasts and fibroblasts repair the wear and tear of daily function less rapidly and less completely. (Massler, Maury: Geriatrics and Geriodontics, New York J. Den. 26:55 February 1956)
- (a). (McGonagle, R. R.: A Review of the Significant Findings in Growth and Development Since the Advent of Cephalometrics, Angle Orthodontist 26:169 July 1956)
- No. (Ostrander, F. D.: X-ray Phobia, J. Mich. State Dent. Assoc. 39:82 March 1957)
- 6. True. (Editorial, DENTAL DI-GEST 62:265 June 1956)
- (a). (Passow, Hans: The Residual Monomer, Dental Echo 25:75 November 7, 1955)
- 8. Yes. (Phillips, R. W.: Research on Dental Amalgam
 (Continued on page 80)

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and Its Application in Practice. JADA 54:310 March 1957)

9. (a). (Ney Bridge & Inlay Book, Hartford, Connecticut. J. M. Ney Company, 1954. page 75)

10. Yes. (Kauterman, C. B.: Psychosomatic Aspect of Periodontal Disease, J. Periodont. 26:50 January 1955)

DEAR ORAL HYGIENE

Young Dentist and Reciprocity

I have been reading with great interest Doctor Holmes' articles on dental reciprocity.1 I just re-read your editorial in the September issue of ORAL HYGIENE.2 You wrote then that "The advocates of universal interstate reciprocity are usually older dentists who wish to move from one state to another and are not confident that they could pass the written examination and are not certain of their ability to pass some phases of a clinical test.

I should like to speak for some of the younger dentists who have graduated within the past several years. Many of us have been in service away from home, and after considerable travel through the United States have aspirations of practicing elsewhere than our home states where we hold licenses. We have recently graduated from excellent schools and many of us have made fine academic and clinical records.

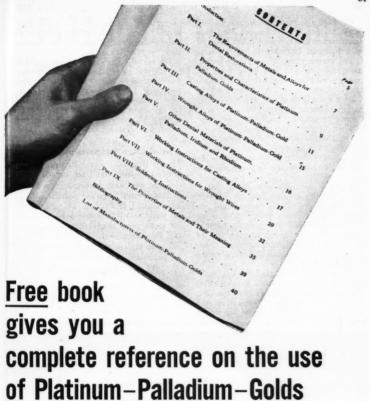
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Yet if we want to enter practice where a shortage of dentists exists and where shortages are expected to become much greater in the next twenty years, we have to pack instrument cases, articulators, and supplies, and travel to the far ends of the country to demonstrate what is usually known. And it is a large country! (Continued on page 82)

¹Holmes, G. A.: Should There Be Dental Reciprocity in the United States? Part I-IV, ORAL HYGIENE **47**:44, 52, 57, 48 (September through December) 1957. ²Ryan, E. J.: The Unending Debate: Den-tal Reciprocity, ORAL HYGIENE **47**:62 (Sep-tember) 1957.

tember) 1957.



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Often to the young person seeking to begin his practice who needs every dollar to enter practice and much more, it is a financial hardship to take a state board examination. When you do arrive, after raising the hard cash, there are the unexpected things that happen in a clinic that is strange to you. A casting machine may not be operating. After checking and packing a thousand items in your "traveling dental office," you may forget one or two necessary items. Then of course there is the patient problem. After investing up to a thousand dollars to demonstrate your abilities, success or failure hinges on the dependability of a patient.

There is so much more to it that it would require a small book to describe the hazards of taking state board examinations. After passing them away from my home state successfully, I would suggest they are much more a test of preparation and adjustment to new situations than a test of skill in administering a dental service.

To the recent graduate I think a "stiff" written examination would be a gift. For the dentist who does not pass the first time, usually a second expensive trip will prove successful. He is no better

operatively and he does not know more dental science, but he has learned to meet some of the pitfalls and has learned how "to take the exam."

I personally have an excellent aptitude for forgetting unpleasant experiences, but I cannot be fair to myself or my profession if I let this experience slip into the recesses of my mind. It represents the greatest inequity in our profession.—CALVIN LEIFER, AB, DDS, 11 Lawncrest Road, New Haven 15, Connecticut.

Dental Care Responsibility

This is the first letter I have ever written to an editor, but I am sure it is not the first you have received in response to Mrs. Evelyn S. Kraut's article in January Oral Hygiene.

I have been a reader of your magazine for more years than I care to mention, and I am surprised that you would permit such statements as she has made to be published in your magazine.

(Continued on page 84)







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³Kraut, Evelyn S.: What The School Can Do To Improve Dental Health, Oral Hy-GIENE 48:52 (January) 1958.

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PROFESSIONAL

PRINTING COMPANY, INC. 20 HISTACOUNT BUILDING NEW HYDE PARK, N. Y. She says, "... the average family is relatively free from financial distress..." What would she have us do about the hundreds of thousands who are below average? Or don't they matter?

"... a toothbrush must be ... disstributed to every school child at the beginning of the school year." Why not also distribute comb, hair brush, soap, towels, nail brush, shoe brush, nail file? Come on now—where will this stop?

She states that "Toothbrushing can take place in the three or four minutes of horseplay that is quite usual in any bathroom recess." In my close association with many schools I have seen no horseplay during bathroom recess time. Would she have the schools take time for hair combing, face washing, nail cleaning, shoe polishing—or perhaps serve breakfast that has been neglected at home? Perhaps even several hours should be set aside for sleeping that the child missed at home.

In supporting a proposed nutrition program, Mrs. Kraut suggests "serving well-balanced meals in the school lunchroom." That—she should know—is the job of the supervisors of cafeterias who do an admirable job in most cases.

And finally, "Every school should have a dentist on the staff. While his function is obvious . . ." It is? To whom? Obviously she is misinformed. The function of the school is education, and as such it permits none but certified and qualified teachers on the staff. The dentist has no place in the school at all. The purpose of the dental hygiene teacher is the education of students in all phases of dental health. "Obviously" the place of the dentist is in an office.

"The schools must make correction of dental defects mandatory or refuse to permit a child to advance to the next grade." Did she think that statement out at all? Who will pay for this dentistry? Where will it be done? And since when can the school make parents do what it believes is necessary for the child's health?—MARJORIE R. STARK, DH, 39 Marsereau Avenue, Mount Vernon, New York.

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LAFFODONTIA

Him: And why do you call me Pilgrim?

Her: Well, every time you call, you make a little progress.

Of course, you've heard of the Scotchman whose girl got so fat that he wanted to break the engagement, but she couldn't get the ring off so he married her.

A woman was in Alaska looking over a fox farm. After admiring a beautiful silver specimen, she asked her guide, "Just how many times can the fox be skinned for his fur?"

"Three times, madam," said the guide gravely. "Any more than that would spoil his temper."

Porter: Carry your bag, mister? Tuff One: Naw, let 'er walk.

She—Tell me, have you ever loved another?

He—Why, yes, of course, dear. Do you think that I'd practice on a nice girl like you?

Man: "Did you ever win an argument with your wife?"

Friend: "Yes, once, it was years ago."
Man: "What was it about?"

Friend: "I can't remember exactly. But I do remember very distinctly that we were laying a carpet and her mouth was full of tacks at the time."

*

"Who introduced you and your wife?"
"We just met. I don't blame anybody."

Newly Wed: "I must go home now and darn my husband's socks."

Old Wed: "I must go home, too, and sock my darned husband." Jones is just fifty percent in everthing, including his studies. He is a half-wit, halfback on the football team, usually half tight, and he may half to quit school!

"Have you heard the last Scotch

"No, but I'd like to."

Soph.: Will you give us ten cents to help the old ladies' home?

Frosh: What, are they out again?

Joe: "It says here that in California last year they grew about 2,449,900 tons of grapes."

Moe: "Drink up, man, they're gaining on us."

Grace: "I didn't accept Bob the first time he proposed."

Graceless: "No, dearie; you weren't

The doctor gave his 80-year-old patient a very curious look.

"I've been practicing for two decades, and I'll be darned if I ever heard of such a complaint as yours. What do you mean, your virility's too high?"

"It's all up in my head," replied the old man, sighing gently.

Then there was the Scotchman who bought only one spur; he figured if one side of the horse would go, the other side would go also.

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If more than one mouse is mice And more than one louse is lice,

Then you must agree, Obviously,

That more than one spouse is spice.